

ATCC

10801 University Blvd • Manassas, VA 20110-2209 • Telephone: 703-365-2700 • FAX: 703-

BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF
THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

INTERNATIONAL FORM

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT ISSUED PURSUANT TO RULE 7.3
AND VIABILITY STATEMENT ISSUED PURSUANT TO RULE 10.2

attached
Page #1
JC675 U.S. PTO
09/464303



To: (Name and Address of Depositor or Attorney)

Brigham & Women's Hospital
Attn: Gregory L. Stahl
Dept. of Anesthesia, 75 Francis Street
Boston, MA 02115

Deposited on Behalf of: Brigham and Women's Hospital

Identification Reference by Depositor:

ATCC Designation

Mouse hybridoma hMBL1.2
Mouse hybridoma 2A9
Mouse hybridoma 3F8

HB-12619
HB-12620
HB-12621

The deposits were accompanied by: a scientific description a proposed taxonomic description indicated above. The deposits were received December 16, 1998 by this International Depository Authority and have been accepted.

AT YOUR REQUEST: X We will inform you of requests for the strains for 30 years.

The strains will be made available if a patent office signatory to the Budapest Treaty certifies one's right to receive, or if a U.S. Patent is issued citing the strains, and ATCC is instructed by the United States Patent & Trademark Office or the depositor to release said strains.

If the cultures should die or be destroyed during the effective term of the deposit, it shall be your responsibility to replace them with living cultures of the same.

The strains will be maintained for a period of at least 30 years from date of deposit, or five years after the most recent request for a sample, whichever is longer. The United States and many other countries are signatory to the Budapest Treaty.

The viability of the cultures cited above was tested January 20, 1999. On that date, the cultures were viable.

International Depository Authority: American Type Culture Collection, Manassas, VA 20110-2209 USA.

Signature of person having authority to represent ATCC:

Barbara M. Hailey
Barbara M. Hailey, Administrator, Patent Depository

Date: January 21, 1999

cc: Helen Lockhart (Ref. B0801/7130)

DEC 07 13:09

<http://www.atcc.org/forms/formbp1.htm>**Budapest Treaty Deposits****American Type Culture Collection**

10801 University Blvd., Manassas, VA 20110-2209 Tel. (703) 365-2700 Fax (703) 365-2745

**TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF BUDAPEST TREATY ON THE
INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE
PURPOSES OF PATENT PROCEDURE****ALL QUESTIONS MUST BE COMPLETED. PLEASE USE ONE FORM PER EACH STRAIN DEPOSITED.**

1. Name of deposit. (If microorganism, complete scientific name including genus and species and source of material; If virus, name and whether or not plant or animal and source including geographic location; if cell line, provide tissue & species, geographical source of isolation and any known hazards associated (e.g. HIV, EBV, etc.); if genetic materials, name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name and provide name of gene and identity of the host organism.)

3F8 Hybridoma - Mouse anti-human mannose binding lectin antibody

2. Strain designation (i.e., number, symbols, etc). 3F8

*The strain designation must correspond with the vial labels.

3. Is this an original deposit under the Budapest Treaty? Yes

4. Is this a request for a conversion of a deposit already at the ATCC to meet the requirements of the Budapest Treaty? If so, please indicate ATCC designation. No

5. Is this deposit a mixture of microorganisms or cells? No

6. Provide details necessary to cultivate, test for viability and store deposit. If mixture, provide description of components and a method to check presence. (If plasmid, provide name of host & antibiotic resistance). See attachment

7. Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod) Mouse IgG1k isotype

a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.

b. If deposit is hybridoma, what is the isotype of antibody produced? IgG1k

8. Is this strain hazardous to humans? No , animals? No , plants? No If yes, what is the recommended biosafety

level for working with this strain _____ (Ref. Guidelines for Research Involving Recombinant DNA Molecules, NIH Guidelines, January 1996) (www.nih.gov/od/orda/toc.htm)

9. Availability: Prior to issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions must be answered

a. As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit made available to anyone who requests a culture? If yes, there are no restrictions on distribution. Yes _____ No X

b. As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit made available to requesters which satisfy Patent Offices in countries not signatory to the Budapest Treaty?

If "yes," please state which countries below. Yes _____ No X

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty, and your deposit has already been released for distribution due to the issuance of a U.S. Patent, you cannot restrict it from further distribution.

After a U.S. Patent issues, and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under U.S. Patent and Trademark Office Rules and Regulations (37 CFR § 1.808(a)(2)).

Form BP/1 Page 1 of 2 Rev. 1/97

10. Do you wish ATCC to inform you of all requests for this strain? Yes X No _____

11. ATCC will notify you of your ATCC number after confirmation of viability testing is complete (No Charge).

Name of Individual to notify: Gregory L. Stahl

Fax No. Telephone No. 617/278-6957

12. Payment by check, or credit card (MasterCard, VISA or American Express), must accompany the deposit unless prior arrangements for billing have been made and approved. If arrangements have been made to bill you for services, please indicate person who should receive invoice. Also, please include P.O. number.

Purchase order # 2882

Please send invoice to: James A. Webber, Jr.
BWH Anesthesia Foundation
75 Francis Street
Boston, MA 02115

Credit Card number (indicate MasterCard, VISA,

or American Express) Expiration Date

#

Type or print the name shown on credit card Signature

For ATCC use only: Auth: _____ ROC
#: _____

13. Name, address, telephone and facsimile number of your attorney of record. (Ref: Docket or Case No.
B0801 / 7130) (see attachment)

14. **MUST BE COMPLETED.** Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute, and normally is not an individual.) Brigham and Women's Hospital

I understand and agree that the deposit may not be withdrawn by me for a period specified in Rule 9.1 of the Budapest Treaty (at least 30 years after the date of deposit or 5 years after the date of the most recent request for the deposit, whichever is longer), and that if a culture should die or be destroyed during the life of the patent, or the period of time so specified, it is my responsibility to replace it with a living culture of the same organism or cell. In the cases of viruses, cell cultures, plasmids, embryos, and seeds, it is my responsibility to supply a sufficient quantity for distribution for the period of time specified above.

Typed Name Signature Date Gregory L. Stahl
Address, Center for Experimental Therapeutics and Reperfusion Injury
Dept. of Anesthesia, Brigham & Women's Hospital, 75 Francis Street
Boston, MA 02115

THIS FORM MUST BE COMPLETED IN ENGLISH

ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF: Patent Depository

American Type Culture Collection

10801 University Blvd.

Manassas, VA 20110-2209 U.S.A.

ALL FEES SUBJECT TO CHANGE:

FEES: 30 years' storage \$600. 30 years' notification \$360. Viability testing \$100 to \$400 or quoted price, dependent upon necessary material and/or equipment. Prepare additional samples of cells or hybridomas \$500. Return sample for approval (if not submitted frozen or freeze-dried or the required number) \$130. Additional costs for return of samples outside U.S.A. **STORAGE:** Cultures are stored for 30 years from date of deposit or five years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries.

ATCC USE ONLY: ATCC DESIGNATION _____ REC'D _____ V.T. RESULT _____

Name of Deposit _____ Strain Designation _____

Budapest Treaty Deposits**American Type Culture Collection**

10801 University Blvd., Manassas, VA 20110-2209 Tel (703) 365-2700 Fax (703) 365-2745

**TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF BUDAPEST TREATY ON THE
INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE
PURPOSES OF PATENT PROCEDURE****ALL QUESTIONS MUST BE COMPLETED. PLEASE USE ONE FORM PER EACH STRAIN DEPOSITED.**

1. Name of deposit. (If microorganism, complete scientific name including genus and species and source of material; if virus, name and whether or not plant or animal and source including geographic location; if cell line, provide tissue & species, geographical source of isolation and any known hazards associated (e.g. HIV, EBV, etc.); if genetic materials, name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name and provide name of gene and identity of the host organism.)

hMBL1.2 - mouse anti-human mannose binding lectin antibody

2. Strain designation (i.e., number, symbols, etc.) hMBL1.2

*The strain designation must correspond with the vial labels.

3. Is this an original deposit under the Budapest Treaty? Yes

4. Is this a request for a conversion of a deposit already at the ATCC to meet the requirements of the Budapest Treaty? If so, please indicate ATCC designation. No

5. Is this deposit a mixture of microorganisms or cells? No

6. Provide details necessary to cultivate, test for viability and store deposit. If mixture, provide description of components and a method to check presence. (If plasmid, provide name of host & antibiotic resistance) See attachment

7. Provide sufficient description so that ATCC may confirm deposit properties (e.g. Gram negative rod) Mouse 1G61k

a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics

b. If deposit is hybridoma, what is the isotype of antibody produced? IgG1k

8. Is this strain hazardous to humans? No animals? No plants? No If yes, what is the recommended biosafety

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If "yes," please state which countries below. Yes _____ No X

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Form BP/1 Page 1 of 2 Rev. 1/97

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Purchase order # 2882

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B0801 / 7130 (see attachment)

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Brigham and Women's Hospital

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Typed Name Signature Date Gregory L. Stahl

Address. Center for Experimental Therapeutics and Reperfusion Injury,
Dept. of Anesthesia, Brigham & Women's Hospital, 75 Francis Street
Boston, MA 02115**THIS FORM MUST BE COMPLETED IN ENGLISH**

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2A9 Hybridoma - Mouse anti-human mannose binding lectin antibody

2. Strain designation (i.e., number, symbols, etc.) 2A9

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Form BP/1 Page 1 of 2 Rev. 1/97

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